

General

Title

Cataracts: percentage of patients aged 18 years and older in sample who had cataract surgery and were satisfied with their care within 90 days following the cataract surgery, based on completion of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surgical Care Survey.

Source(s)

American Academy of Ophthalmology (AAO). Cataracts: patient satisfaction within 90 days following cataract surgery. San Francisco (CA): American Academy of Ophthalmology (AAO); 2014 Oct. 4 p. [4 references]

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Patient Experience

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients aged 18 years and older in sample who had cataract surgery and were satisfied with their care within 90 days following the cataract surgery, based on completion of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surgical Care Survey.

Rationale

1. Scientific basis for measuring patient satisfaction after cataract surgery.
Patient satisfaction is a valuable performance indicator for measuring the quality of care delivered by ophthalmologists providing cataract surgery. In the broadest sense, patient satisfaction is an assessment of the patient's experience with the care process delivered by health plans, clinicians, health systems, hospitals, etc. This experience can cover domains as diverse as

information/education, interpersonal manner, emotional support, accessibility, convenience, outcomes or results, environment, personalization, involvement in care, finances, etc.

In 1996, the American Academy of Ophthalmology launched the National Eyecare Outcomes Network (NEON) database (Lum et al., 2000; Lum, Schachat, & Jampel, 2002). From January 1, 1996 through March 30, 2001, 249 ophthalmologists at 114 different practice sites submitted data to the NEON cataract surgery database. Post-operative patient satisfaction responses were collected for 6,154 patients, or about 34.5% of all patients who had preoperative forms submitted. This assessment was performed at a median of 4.1 weeks postoperatively for all patients enrolled in the database. A 12-item questionnaire was used to assess patient satisfaction. Patient satisfaction was associated with younger age and absence of ocular comorbidity.

Other studies of patient satisfaction after cataract surgery were conducted in Austria and in Spain. The Austrian study found that patients with pre-existing eye disease, including those patients with improved visual acuity after surgery, were the least satisfied with the results of surgery (Mozaffarieh et al., 2004). In these cases, improved patient education prior to surgery could be helpful in improving patient satisfaction. The Spanish study found that patient satisfaction was associated with expectations prior to surgery (Lledó et al., 1998-1999).

Most patients are satisfied with their care and results after cataract surgery. This outcome is achieved consistently through careful attention through the patient selection process, accurate measurement of axial length and corneal power, appropriate selection of an intraocular lens (IOL) power calculation formula, etc. As such, it reflects the care and diligence with which the surgery is assessed, planned and executed. Failure to achieve this satisfaction after surgery would reflect patterns of patient selection or treatment that should be assessed for opportunities for improvement.

Use of this indicator in the Physician Quality Reporting System (PQRS) claims-based reporting method would require some modification to the current reporting of post-operative care for patients undergoing cataract surgery, since this indicator would be operative during the 90 day global period. However, there is a strong and practical precedent for such modifications in that reporting arrangements have previously been made to accommodate co-management of care by different providers during the post-operative period. A similar adjustment to allow for filing of a claim of meeting this goal at one point in the 90 day global period would be sufficient, potentially drawing upon the methods to demarcate the onset of co-management transfer of post-operative care.

Various patient satisfaction instruments exist, but an instrument developed by the program Consumer Assessment of Healthcare Providers and Systems (CAHPS), Agency for Healthcare Research and Quality (AHRQ) develops and supports the use of a comprehensive and evolving family of standardized surveys that ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers, such as the communication skills of providers and the accessibility of services. AHRQ first launched the CAHPS program in October 1995 in response to concerns about the lack of good information about the quality of health plans from the enrollees' perspective. At that time, numerous public and private organizations collected information on enrollee and patient satisfaction, but the surveys varied from sponsor to sponsor and often changed from year to year.

The CAHPS Surgical Care Survey asks adult patients to report on surgical care, surgeons, their staff, and anesthesiologists. It was developed by the American College of Surgeons and the Surgical Quality Alliance to assess patients' experiences before, during, and after surgery. In early 2010, the CAHPS Consortium voted to adopt the Surgical Care Survey as an official CAHPS survey. The Surgical Care Survey expands on the current CAHPS Clinician & Group Survey, which focuses on primary and specialty care, by incorporating domains that are relevant to surgical care, such as informed consent, anesthesia care, and post-operative follow-up. The survey is unique in that it assesses patients' experiences with surgical care in both the inpatient and outpatient settings by asking respondents about their care before, during, and after surgery.

The main purpose of the CAHPS Surgical Care Survey is to address the need to assess and improve the experiences of surgical patients. Like other CAHPS surveys, this questionnaire focuses on aspects of surgical quality that are important to patients and for which patients are the best source of information. The survey results are expected to be useful to everyone with a need for information on the quality of surgeons and surgical care, including patients, practice groups, health plans, insurers, and specialty boards. Patients can use the information to help make better and more informed choices about their surgical care. Practices, health plans, and insurers can use the survey results for quality improvement initiatives and incentives. Specialty boards may use the survey for maintenance of certification.

The composite measures of surgical quality from the CAHPS Surgical Care Survey that are most relevant and significant for this physician-level performance measure include:

- How well surgeon communicates with patients before surgery
- How well surgeon communicates with patients after surgery
- Rating of overall care from this surgeon

2. Evidence of a gap in care

This is an outcome of surgery indicator of direct relevance and import to patients, their families and referring providers. The available evidence suggests that cataract surgery achieves this in about 90% of patients. While the potential for improvement appears seemingly small, the volume of cataract surgery in the United States (U.S.) of over 2.8 million surgeries means that the impact could affect more than 100,000 patients per year. Ideally, performance on this indicator to be as high as possible, with rates lower than 95% to 100% suggestive of opportunities for improvement.

Evidence for Rationale

American Academy of Ophthalmology (AAO). Cataracts: patient satisfaction within 90 days following cataract surgery. San Francisco (CA): American Academy of Ophthalmology (AAO); 2014 Oct. 4 p. [4 references]

Lledó³ R, Rodríguez T, Fontenla JR, Pita D, Prat A, Asenjo MA. Cataract surgery: an analysis of patient satisfaction with medical care. *Int Ophthalmol*. 1998-1999;22(4):227-32. [PubMed](#)

Lum F, Schachat AP, Jampel HD. The development and demise of a cataract surgery database. *Jt Comm J Qual Improv*. 2002 Mar;28(3):108-14. [PubMed](#)

Lum F, Schein O, Schachat AP, Abbott RL, Hoskins HD Jr, Steinberg EP. Initial two years of experience with the AAO National Eyecare Outcomes Network (NEON) cataract surgery database. *Ophthalmology*. 2000 Apr;107(4):691-7. [PubMed](#)

Mozaffarieh M, Krepler K, Heinzl H, Sacu S, Wedrich A. Visual function, quality of life and patient satisfaction after ophthalmic surgery: a comparative study. *Ophthalmologica*. 2004 Jan-Feb;218(1):26-30. [PubMed](#)

Primary Health Components

Eye care; cataract surgery; patient satisfaction

Denominator Description

All patients aged 18 years and older in the sample who had cataract surgery (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Patients 18 years and older in the sample who were satisfied with their care within 90 days following cataract surgery, based on completion of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surgical Care Survey (see the related "Numerator Inclusions/Exclusion" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Ambulatory Procedure/Imaging Center

Hospital Outpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Person- and Family-centered Care

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

IOM Domain

Effectiveness

Patient-centeredness

Data Collection for the Measure

Case Finding Period

The reporting period

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Patient/Individual (Consumer) Characteristic

Therapeutic Intervention

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

All patients aged 18 years and older in the sample who had cataract surgery

Note: Refer to the original measure documentation for administrative codes.

Exclusions

Unspecified

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Patients 18 years and older in the sample who were satisfied with their care within 90 days following cataract surgery, based on completion of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surgical Care Survey

Note: *Patient Satisfaction*: The strategy for defining patient satisfaction is described as follows. CAHPS scores are actually normative scores, that is, they provide relative rankings rather than absolute rankings (where a score is compared with an 'objective criterion'). Patient satisfaction would be defined as a score above the lowest 5% of scores on the CAHPS.

Exclusions

Patient care survey was not completed by patient

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Registry data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Consumer Assessment of Health Plans and Systems (CAHPS) Surgical Care Survey

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Measure #304: cataracts: patient satisfaction within 90 days following cataract surgery.

Measure Collection Name

Eye Care Quality Measures

Submitter

American Academy of Ophthalmology - Medical Specialty Society

Developer

Funding Source(s)

American Academy of Ophthalmology

Composition of the Group that Developed the Measure

Eye Care Work Group (*specialty*):

Priscilla P. Arnold, MD (*Co-chair*) (ophthalmologist)

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David Chang, MD (ophthalmologist)

Leon W. Herndon, MD (ophthalmologist)

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John T. Thompson, MD (ophthalmologist)

Staff:

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Financial Disclosures/Other Potential Conflicts of Interest

None

Measure Initiative(s)

Physician Quality Reporting System

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2014 Oct

Measure Maintenance

Reviewed and updated if appropriate on an annual cycle.

Date of Next Anticipated Revision

2016

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in December 2015.

Measure Availability

Source not available electronically.

For more information, contact the American Academy of Ophthalmology (AAO) at 655 Beach Street, San Francisco, CA 94109; Phone: 415-561-8500; Fax: 415-561-8533; Web site: www.aao.org

NQMC Status

This NQMC summary was completed by ECRI Institute on April 30, 2015. The information was verified by the measure developer on May 19, 2015.

The information was reaffirmed by the measure developer on December 16, 2015.

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Production

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